

GEP (city of someville)

FORM DOES NOT REQUIRE CLEARANCE  
OF OFFICE OF MANAGEMENT AND BUDGET

APPLICATION FOR ENROLLMENT IN MEDICARE  
THE MEDICAL INSURANCE PROGRAM

(TID)

SMI

1. SOCIAL SECURITY CLAIM NUMBER

(CAN)

-   -

2. FOR AGENCY USE ONLY

(BIC)

3. DO YOU WISH TO ENROLL FOR MEDICAL INSURANCE UNDER MEDICARE?

(DEC)

YES ☐

4. CLAIMANT'S NAME

(CLN)

Last name

First name

Middle initial

5. PRINT SOCIAL SECURITY NUMBER HOLDER'S NAME IF DIFFERENT FROM YOURS

6. MAILING ADDRESS (NUMBER AND STREET, P.O. BOX, OR ROUTE)

IF THIS IS A CHANGE OF ADDRESS, CHECK HERE ☐

7. CITY, STATE, AND ZIP CODE

8. TELEPHONE NUMBER

9. WRITTEN SIGNATURE (DO NOT PRINT)

SIGN HERE →

10. DATE SIGNED

(DOF)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS  
THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW

11. SIGNATURE OF WITNESS

12. DATE SIGNED

13. ADDRESS OF WITNESS

14. REMARKS

(TOA)

1

TO: (Check one)

☒ (1)  
NEPSC

☐ (2)  
MATPSC

☐ (3)  
SEPSC

☐ (4)  
GLPSC

☐ (5)  
WNPSC

☐ (6)  
MAMPSC

☐ (7)  
ODO

☐ (8)  
DIO